

Permission Topical Ointment Administration

Child's Name: _____

I understand that **topical ointments**, such as **lotion, lip balm or diaper cream**, can be applied only as a preventive measure and cannot be used if the skin is broken or bleeding, unless I provide a Medication Authorization Form signed by me and my child's physician.

I understand that the topical ointment provided by me must:

- be appropriate for use on a child;
- be applied according to instructions on the label;
- be labeled with the child's full name; and
- be handed to a staff member and not left in a diaper bag or cubby.

I give my permission for the staff at Bright Horizons to apply

- _____
- _____
- _____

as needed from: ____ / ____ / ____ to: ____ / ____ / ____ (not to exceed one year).

(Parent/Guardian Signature)

(Date)